

POSITION	BEST AVAILABLE COPY		ID NO.	DATE
<b>FEE DETERMINATION</b>	○	○	○	○
<b>O.I.P.E. CLASSIFIER</b>	19	9/19		
<b>FORMALITY REVIEW</b>	2A	5C583		10/13/00
<b>RESPONSE FORMALITY REVIEW</b>				

## INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 — (Through numeral)... Canceled  
 ÷ ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 0 ..... Objected

Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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